

Alcoholic Beverage Control Board  
550 West 7<sup>th</sup> Ave., Suite 1600  
Anchorage AK 99501

# LODGE Liquor License

PAGE 1 of 2  
907-269-0350  
Fax: 907-334-2285  
<http://commerce.alaska.gov/dm/abc/Home.aspx>

**This application is for:**

- Seasonal – Two 6-month periods in each year of the biennial period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Mo/Day Mo/Day
- Full 2-year period

<b>SECTION A. LICENSE INFORMATION. Must be completed.</b>		<b>FEES</b> 13947
License Number: <span style="font-size: 2em; font-family: cursive;">5484</span> <small>(Please leave License # blank)</small>	License Year: 2016-2017	License Fee: \$1250.00
Statute Reference: Sec. 04.11.225	Federal EIN or SSN: 20-1036682	Filing Fee: \$100.00
City/Borough/Location information: City: <u>Ninilchik</u> Borough: <u>Kenai Peninsula</u>		Fingerprint Fee: (\$49.75 per person) 99.50
If you are outside an organized city or borough, you must provide the following: Nearest City or Borough: <u>N/A</u> Distance (in miles) from nearest city or borough: <u>N/A</u> Latitude/Longitude (if known): <u>N/A</u>		Total Submitted: \$ 1,449.50 ✓
Please provide the address or a detailed graphic description of your premises location:  <u>22780 Shady Drive, Ninilchik, AK 99639</u>		

Name of Licensee (Corp/LLC/LP/LP/Individual): <u>Steven Smith and LeAnne Smith</u>	Doing Business As (Business Name): <u>Captain Steve's Fishing Lodge</u>	Business Telephone Number: <u>907-567-1043</u>
Mailing Address: <u>PO Box 39143</u>	Street Address or Location of Premises: <u>22780 Shady Drive Ninilchik, AK 99639</u>	Fax Number: <u>907-567-4301</u>
City, State, Zip: <u>Ninilchik, AK 99639</u>		Email Address: <u>kaytersmom@yahoo.com</u>

**SECTION C. Individual, corporate officer, director, limited liability organization member, manager or partner background.**

Does any individual, corporate officer, director, shareholder, limited liability organization member, manager, or any partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state? List below:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Name - State		
Name - State		
Name - State		
Name - State		
Has any person named in this application been convicted of a felony, AS 04 violation, or convicted as licensee/manager of any other licensed premises in another state under the liquor laws of that state? Please attach written explanation.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

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**Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.**

Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an Individual ownership)		Telephone Number	Fax Number
Corporate Mailing Address:	City	State	Zip Code
Name, Mailing Address and Telephone Number of Registered Agent		Date of Incorporation OR Certification with DCED	State of Incorporation
Is the Entity in compliance with the reporting requirements of Title 10 of the Alaska Statutes? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach written explanation. Your entity <b>must</b> be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.			


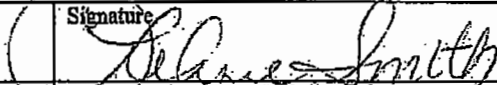
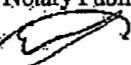
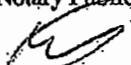
Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%)					
Name	Title	%	Home Address & Telephone Number	Work Telephone Number	Date of Birth

**NOTE: On a separate sheet provide information on ownership other organized entities that are shareholders of the licensee.**

Individual Licensees/Affiliates (The ABC Board defines an "Affiliate" as the spouse of a licensee. Each Affiliate must be listed.)			
Name: Steven Smith Address: PO Box 39143 Ninilchik, AK 99639 Home Phone: 907-567-1043 Work Phone: 800-567-1043	Applicant <input checked="" type="checkbox"/> Affiliate <input checked="" type="checkbox"/>	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Name: LeAnne Smith Address: PO Box 39143 Ninilchik, AK 99639 Home Phone: 907-567-1043 Work Phone: 800-567-1043	Applicant <input checked="" type="checkbox"/> Affiliate <input checked="" type="checkbox"/>	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>

**Declaration**

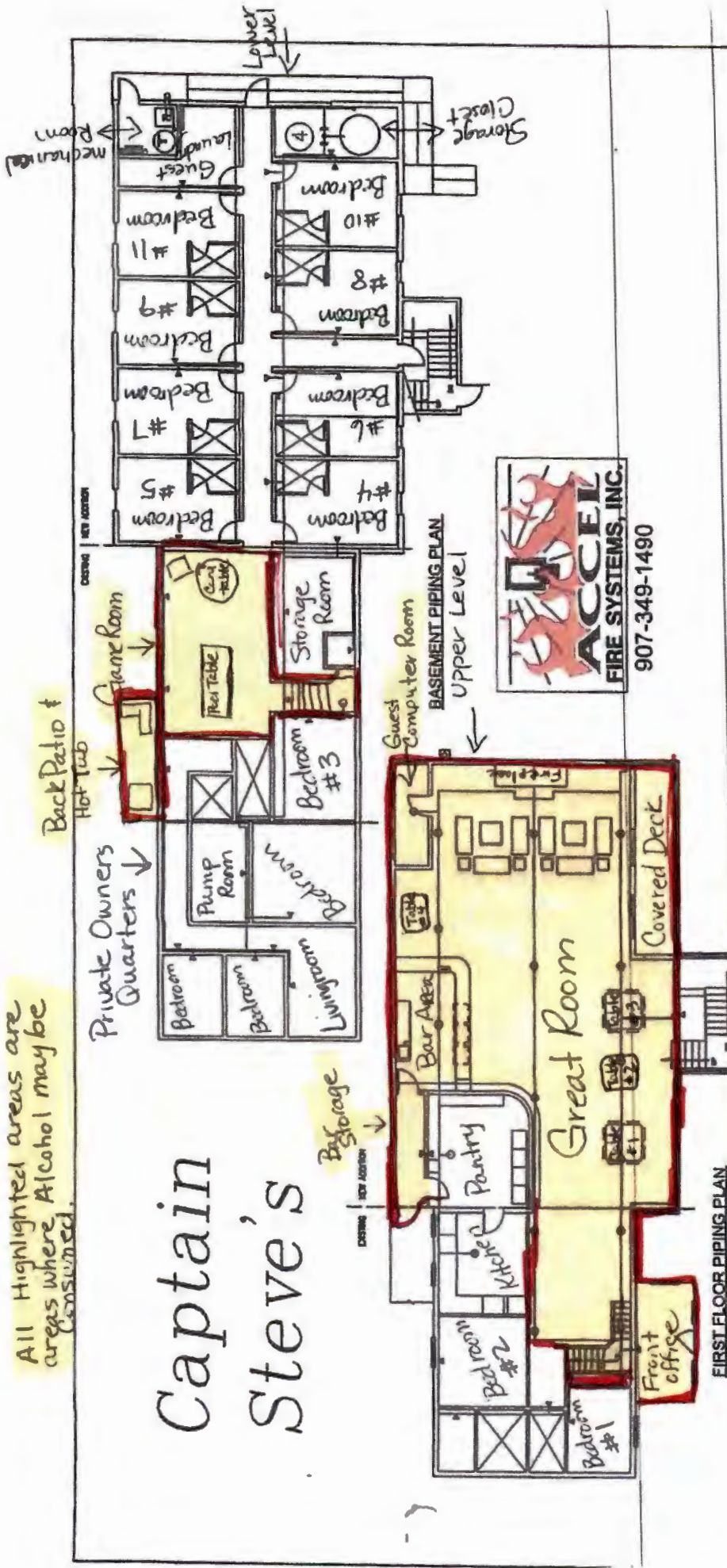
- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the corporation, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

Signature of Licensee(s)	
Signature 	Signature 
Name & Title (Please Print) Steven Smith, Owner	Name & Title (Please Print) LeAnne Smith, Owner
Subscribed and sworn to before me this 23 <sup>rd</sup> day of March, 2016.	Subscribed and sworn to before me this 23 day of March 2016 <span style="float: right;">RP</span>
Notary Public in and for the State of Alaska 	Notary Public in and for the State of Alaska 

My commission expires:	<b>ROBERT CROSBY</b> Notary Public, State of Alaska Commission # 13082019 My Commission Expires September 10, 2017.	My commission expires:	<b>ROBERT CROSBY</b> Notary Public, State of Alaska Commission # 13082019 My Commission Expires September 10, 2017.
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All Highlighted areas are areas where Alcohol may be consumed.

# Captain Steve's

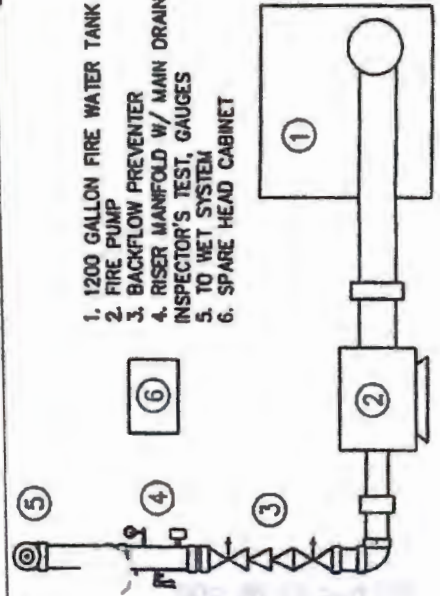


FIRST FLOOR PIPING PLAN

## EMERGENCY OPERATIONS INSTRUCTIONS FOR WET SYSTEM

1. DETERMINE THAT THE FLOW IS NOT DUE TO A FIRE. (IF IT IS, DO NOT SHUT OFF VALVE UNTIL DIRECTED TO DO SO BY A FIREMAN. TO SHUT OFF WATER FLOW CLOSE THE VALVE LABELED CONTROL VALVE (#3 IN DIAGRAM).)
2. OPEN MAIN DRAIN VALVE (#4 IN DIAGRAM) TO EVACUATE WATER FROM PIPING.
3. REPLACE DAMAGED SPRINKLER OR PIPE.
4. CLOSE MAIN DRAIN VALVE (#4 IN DIAGRAM).
5. OPEN THE CONTROL VALVE (#3 IN DIAGRAM) SLOWLY.
6. VERIFY THAT REPAIRS THAT WERE MADE ARE NOT LEAKING.
7. CONFIRM THAT THE CONTROL VALVE (#2 IN DIAGRAM) IS FULLY OPEN.
8. VERIFY THAT ALARM ARE RESET.
9. CALL A QUALIFIED SPRINKLER CONTRACTOR TO INSPECT THE SYSTEM AND RE-CERTIFY.
10. REFER TO N.F.P.A. 25 FOR REQUIRED MAINTENANCE. NOTE: THIS SYSTEM MUST BE INSPECTED ANNUALLY BY A CERTIFIED SPRINKLER CONTRACTOR.

1. 1200 GALLON FIRE WATER TANK
2. FIRE PUMP
3. BACKFLOW PREVENTER
4. RISER MANFOLD W/ MAIN DRAIN, INSPECTOR'S TEST, GAUGES
5. TO WET SYSTEM
6. SPARE HEAD CABINET



RISER DETAIL  
SCALE: 1/8" = 1'-0"



Consumption at Cleaning Tables Outside



## Dinner Menu

### Slow Roasted Prime Rib

served with Fresh Garden Salad, Baked Potatoe, Vegetable Medley

### Chicken Cacciatore

Served with Minestrone Soup, Fresh Pasta, Sauted Zucchini & Onion

### Fried Prawns

Served with Clam Chowder, Penne Alfredo Pasta, Steamed Broccoli

### Roasted Cornish Game Hen

Served with Cream of Broccoli Soup, Wild Rice Stuffing, Mixed Vegetables

### Double Cut Maple Brined Pork Chop

Served with Fresh Garden Salad, Scalloped Potatoes, Glazed Baby Carrots

### Grilled New York Steak

Served with Fresh Garden Salad, Twice Baked Potatoe, Corn on the Cobb

### Chicken & Dumplings

Served with Fresh Garden Salad

Note: Desserts and Appetizers change daily